



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20170465
June 30, 2017

Mr. Joseph Cho
Law Offices of Matthew Gurvey
33 North Dearborn Street
Suite 1140
Chicago, IL 60602

Dear Mr. Cho:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a copy of documents reflecting residential address pertaining to Tenisha Davenport/Tenisha Jones. Your request was received in this office on June 30, 2017, has been assigned FOIA case file number CNPC20170465 by this command.

A releasable copy of available responsive documentation is enclosed. The redacted portions of the released documentation is exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Tenisha Jones and other identified individuals.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at

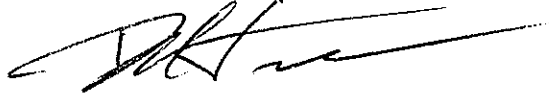
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(901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or (703) 697-0031.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a long horizontal flourish extending to the right.

D. P. GERMAN
FOIA/PA Officer
By direction

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) JONES, TENISHA CHERIE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK HM3	b. PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20090724		
7a. PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED] IL			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVAL HOSPITAL CAMP PENDLETON, CA			b. STATION WHERE SEPARATED PERSONNEL SUPPORT DET CAMP PENDLETON, CA		
9. COMMAND TO WHICH TRANSFERRED COMMANDER, NAVY PERSONNEL COMMAND (PERS-912), MILLINGTON, TN 38055			10. SGLI CO AMOUNT [REDACTED]		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) HM- 8483: SURGICAL TECHNOLOGIST, 3YRS/2MOS/OCT08. 8404: FIELD MEDICAL SERVICE TECHNICIAN, 6YRS/5MOS/OCT08. X		12. RECORD OF SERVICE a. DATE ENTERED AD THIS PERIOD 01 JUL 24 b. SEPARATION DATE THIS PERIOD 09 JUL 23 c. NET ACTIVE SERVICE THIS PERIOD 08 00 00 d. TOTAL PRIOR ACTIVE SERVICE 00 00 00 e. TOTAL PRIOR INACTIVE SERVICE 00 00 00 f. FOREIGN SERVICE 00 00 00 g. SEA SERVICE 00 00 00 h. EFFECTIVE DATE OF PAY GRADE 06 JUN 16			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) GOOD CONDUCT MEDAL (2), LETTER OF COMMENDATION, LETTER OF APPRECIATION, GLOBAL WAR ON TERRORISM, NATIONAL DEFENSE SERVICE MEDAL. X		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) HM- SURGICAL TECHNOLOGIST, 6MOS/3WKS/JUL05; FIELD MEDICAL SERVICE TECHNICIAN, 7WKS/APR02; BASIC HOSPITAL CORPS SCHOOL, 14WKS/FEB02. X			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM b. HIGH SCHOOL GRADUATE OR EQUIVALENT [REDACTED]					
16. DAYS ACCRUED LEAVE PAID [REDACTED]		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO			
18. REMARKS [REDACTED]					
The information contained herein is subject to computer matching within the Department of Defense with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]			b. MEMBER'S HOME ADDRESS (Include ZIP Code) [REDACTED]		
20. MEMBER REQUESTS COPY 3 BE SENT TO [REDACTED] DIRECTOR OF VETERANS AFFAIRS					
[REDACTED] SIGN (Type name, grade, title and signature) PERS BY DIR					
SPECIAL ADDITIONAL [REDACTED] (Typed signatures only)					
23. TYPE OF SEPARATION RELEASED AND TRANSFERRED TO NAVAL RESERVE		24. CHARACTER OF SERVICE (Include upgrades) [REDACTED]			
25. SEPARATION AUTHORITY [REDACTED]		26. SEPARATION CODE [REDACTED]		27. REENTRY CODE [REDACTED]	
28. NARRATIVE REASON FOR SEPARATION [REDACTED]					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) [REDACTED]					
30. MEMBER REQUESTS COPY 4 (Initials) [REDACTED]					

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY			
1. NAME (Last, First, Middle) JONES, TENISHA CHERIE		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN	
3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable)			
4. MAILING ADDRESS (Include ZIP Code)			
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:			
ITEM NO.	CORRECTED TO READ		
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: 09JUL23		
BLK 6	CORRECTED TO READ: NA		
BLK 23	CORRECTED TO READ: DISCHARGED		
X X X X X X X	X X X X X X X	X X X X X X X	X X X X X X X
6. DATE (YYYYMMDD) 20091123			
7. OFFICIAL AUTHORIZED TO SIGN			
a. TYPED NAME (Last, First, Middle Initial)		b. GRADE YCI	c. TITLE MILPERSBYDIR
d.			

DD FORM 215, FEB 2000

PREVIOUS EDITION IS OBSOLETE.

Reset

SERVICE - 2

OFFICIAL RECORD

20. NAME (Last, First, Middle Initial) JONES, TENISHA				21. SOCIAL SECURITY NUMBER [REDACTED]	
SECTION III - OTHER PERSONAL DATA					
22. EDUCATION					
a. List all high schools and colleges attended. (List dates in YYYYMM format.)					
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
199709	PRESENT	[REDACTED]	[REDACTED]		
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?				YES	NO
23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")					
a. Is anyone dependent upon you for support?					
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?					
c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?					
d. Are you the only living child in your immediate family?					
24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces of the United States or in the Army National Guard or Air National Guard?					
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?					
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?					
d. Have you ever been employed by the United States Government?					
e. Are you now drawing, or do you have an application pending, for payment of: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?					
25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")					
a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)					
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?					
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal or religious practices which would restrict your availability)?					
26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.")					
Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or snuff), or anabolic steroid, except as prescribed by a licensed physician?					
SECTION IV - CERTIFICATION					
27. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)					
a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a court of military law and could receive a less than honorable discharge which could affect my future employment opportunities.					
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) JONES, TENISHA, C.				c. SIGNATURE [REDACTED]	
				d. DATE SIGNED (YYYYMMDD) 20010206	
28. DATA VERIFICATION BY RECRUITER (Enter description of this document to verify the following items.)					
a. NAME (X one)		b. AGE (X one)		c. CITIZENSHIP (X one)	
<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE		<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE		<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	
<input type="checkbox"/> (2) OTHER (Explain)		<input type="checkbox"/> (2) OTHER (Explain)		<input type="checkbox"/> (2) OTHER (Explain)	
d. SOCIAL SECURITY NUMBER (SSN) (X one)		e. EDUCATION (X one)		f. OTHER DOCUMENTS USED	
<input checked="" type="checkbox"/> (1) SSN CARD		<input type="checkbox"/> (1) DIPLOMA		SEE SECTION 6	
<input type="checkbox"/> (2) OTHER (Explain)		<input type="checkbox"/> (2) OTHER (Explain)			

29. NAME (Last, First, Middle Initial) JONES, TENISHA, CHERIE		30. SOCIAL SECURITY NUMBER [REDACTED]	
31. CERTIFICATION OF WITNESS			
a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial) JOHNSON, ANTHONY, A.	c. PAY GRADE E-5	d. RECRUITER I.D. [REDACTED]	e. DATE SIGNED (YYYYMMDD) 20010201
32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT			
a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified in instructions.) (Use clear text English.)			
b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).			c. APPLICANT'S INITIALS
33. CERTIFICATION OF RECRUITER OR ACCEPTOR			
a. I certify that I have reviewed all information contained in this document and, to the best of my knowledge and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) _____ and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.			
b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. PAY GRADE	d. RECRUITER I.D. OR ORGANIZATION	e. SIGNATURE [Signature]
f. DATE SIGNED (YYYYMMDD)			
SECTION V - RECERTIFICATION			
34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY			
a. I have reviewed all information contained in this document and certify that information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "Item 34" and the correct information is provided below.			
b. ITEM NUMBER	c. CHANGE REQUIRED		
d. APPLICANT		e. WITNESS	
(1) SIGNATURE [Signature]	(2) DATE SIGNED (YYYYMMDD) [Signature]	(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) RANK/ GRADE
(3) F			
SECTION VI - REMARKS			
(Specify item(s) being continued by item number. Continue on separate pages if necessary.)			
[REDACTED REMARKS]			